

**REQUEST FOR PROPERTY INSURANCE - COMMONWEALTH OF KENTUCKY****FORM FTR-10 (02-00)**

NAME OF ENTITY REQUESTING INSURANCE: \_\_\_\_\_ CERTIFICATE #: \_\_\_\_\_

ENTITY DIVISION? (Park, District, Etc.): \_\_\_\_\_ STRUCTURE #: \_\_\_\_\_

**I BUILDING INFORMATION**

STRUCTURE NAME: \_\_\_\_\_ STREET/ROAD: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_ DATE ACQUIRED: \_\_\_\_\_

STRUCTURE LOCATED IN INCORPORATED AREA? YES ☐ NO ☐SELECT STRUCTURE TYPE (CHECK ONE): BUILDING ☐; TOWER ☐; TANK ☐; SHED ☐; SHELTER ☐; POOL ☐; OTHER ☐

IF OTHER, PLEASE EXPLAIN: \_\_\_\_\_

STRUCTURE USE: \_\_\_\_\_ SPRINKLERS (CHECK ONE): NONE ☐; FULL ☐; PARTIAL ☐

YEAR CONSTRUCTED: \_\_\_\_\_ NUMBER OF MILES TO NEAREST FIRE STATION: \_\_\_\_\_ NUMBER OF ELEVATORS \_\_\_\_\_

**CONSTRUCTION TYPE (CHECK # BELOW)**

- ☐ 1. Frame - Built of wood or other combustible materials, including construction where combustible materials are combined with other materials, such as brick veneer.
- ☐ 2. Joisted Masonry - Exterior walls are constructed of masonry materials such as brick, concrete, gypsum block, or with similar non-combustible materials, and where the floors and roof are combustible.
- ☐ 3. Non-Combustible - Exterior walls, floor, and roof are constructed of, and supported by, non-combustible materials such as metal or gypsum but lacking the fire proofing of Item #5 below.
- ☐ 4. Masonry Non-Combustible - Exterior walls are constructed of masonry materials, as described in Item #2, with the floors and roof of metal or other non-combustible materials.
- ☐ 5. Modified Fire Resistive - Noncombustible materials providing at least one hour fire resistance but not more than two hours.
- ☐ 6. Fire Resistive - Built with noncombustible materials and protected with maximum fire proofing with a fire resistance rating of not less than two hours.
- ☐ 7. Other - Describe: \_\_\_\_\_

DOES STRUCTURE HAVE BASEMENT? YES ☐ NO ☐ IF YES, IS BASEMENT FINISHED? YES ☐ NO ☐

NUMBER OF FLOOR LEVELS INCLUDING BASEMENT: \_\_\_\_\_ SQUARE FOOTAGE/BASEMENT ONLY: \_\_\_\_\_

STRUCTURE SQ. FOOTAGE: \_\_\_\_\_ (Accumulated gross square feet using the outside dimension of each floor level excluding basement).

DESCRIBE ANY ALARM SYSTEMS: \_\_\_\_\_

TYPE OF HEATING (CHECK ALL THAT APPLY): UNHEATED ☐; ELECTRIC ☐; GAS FURNACE ☐; OIL FURNACE ☐; SPACE HEATER ☐  
STEAM BOILER ☐; HOT WATER BOILER ☐; OTHER: \_\_\_\_\_DOES BUILDING HAVE BOILER AND MACHINERY ITEMS TO INSURE? YES ☐ NO ☐ (If so, provide a complete description of each item including make, model, size and serial number. This can be done as a separate attachment).HAS LOCATION BEEN SUBJECT TO PAST FLOOD DAMAGE? YES ☐ NO ☐ UNDERGROUND COAL MINE SUBSIDENCE? YES ☐ NO ☐IS THIS BUILDING IN THE FLOOD PLAIN? YES ☐ NO ☐ IF YES, PROVIDE THE COMMUNITY NO. \_\_\_\_\_ AND PANEL NO: \_\_\_\_\_

\*This information can be obtained by contacting Department for Environmental Protection, Division of Water at (502) 564-3410.

**II. AMOUNT OF INSURANCE**

INSURANCE AMOUNT: BUILDING: \$ \_\_\_\_\_ CONTENTS: \$ \_\_\_\_\_

DOES LOCATION PRODUCE REVENUE? YES ☐ NO ☐ IF YES, SOURCE: \_\_\_\_\_ \*ANNUAL: \$ \_\_\_\_\_

\*Business Income and Extra Expense Coverage is available for purchase to agencies that have this exposure.

**III. AGENCY CONTACT INFORMATION**

INDIVIDUAL COMPLETING REQUEST : \_\_\_\_\_ PHONE NO. \_\_\_\_\_

PERSON TO CONTACT AT PREMISES: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

COMMENTS: \_\_\_\_\_

MAIL TO:	DEPARTMENT OF INSURANCE - STATE RISK & INSURANCE SERVICES	215 WEST MAIN STREET	PHONE:
(502) 564-6055	P.O. BOX 517 FRANKFORT, KY 40601	FAX: (502) 564-2693	